

CLAIMS ONLY

Application Number

"Filling" Date

10806434

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/					
2						
3						
4						
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47						
48						
49						
50						
Total Indep.	2					
Total Depend.	24					
Total Claims	26					

May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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100						
Total Indep.						
Total Depend.						
Total Claims						